Capitol Connection

For Friends and Employees of the VA Capitol Health Care Network

VA Capitol Health Care Network VISN 5

Martinsburg VA Medical Center • Washington DC VA Medical Center • VA Maryland Health Care System

VA Takes Another Major Step in National CARES Planning Process

The VA Capitol Health Care Network has reached another important milestone as part of VA's program to assess veterans' health care needs and identify planning initiatives and market plans to meet important needs in the future. The process, called CARES (Capital Asset Realignment for Enhanced Services), is a landmark study of the nation's largest health care system.

Step three of the nine-step CARES process was recently completed. In step three, VA conducted a thorough analysis and projection of the veterans' population and health care needs nationally for the next two decades. From that projection, teams consisting of the National CARES Program Office and Veterans Integrated Service Network (VISN) staff met to identify "planning initiatives" or gaps, with both the positive and negative differences, between current supply and future demand through 2022. Factors such as workload, facility location, access, space and health care needs were analyzed. Opportunities to collaborate with the Department of Defense, university affiliates and the communities were also identified.

The planning initiatives, which can be found at **http://www.va.gov/CARES**, identify issues facing the VA Capitol Health Care Network by market area. Market areas are the geographic areas (by county or zip code) served by that network's medical facilities. Some of the major gaps for the VA Capitol Health Care Network include: outpatient specialty care, primary care and inpatient psychiatry. The planning initiatives do not indicate what plans or actions are needed to resolve the gaps.

"I have full confidence that the data and methods used to reach this point are solid and will provide a good foundation on which to plan a health care system suited to meet veterans' needs for the next two decades," said Deputy Secretary of Veterans Affairs Dr. Leo S. Mackay, Jr. "However, it's important to understand that this is just the third step in a long process and nothing has been set in stone."

The VA Capitol Health Care Network is now finalizing (as of the publication of this newsletter) the fourth step of the nine-step CARES process — development of market plans. The market plans are the actions that will be taken to address the planning initiatives/gaps for each market area. The three market teams throughout the VA Capitol Health Care Network have been meeting to develop strategies to deal with the gaps and to meet the projected demand for services in their particular market. In February 2003, the VISN 5 CARES Steering Committee reviewed and finalized the recommendations for the three market areas. On April 15, 2003, the VA Capitol Health Care Network will forward the CARES market plans to the National CARES Program Office. An independent national CARES Commission will then hold stakeholder meetings throughout the country and review the draft National CARES Plan before a recommendation is made to the Secretary of Veterans Affairs. The market plans will be integrated into a draft National CARES plan that will be reviewed by VA clinical leaders and the independent CARES Commission beginning this spring. After the Commission has held a series of public hearings and collected input from veterans and other stakeholders, it will submit the final plan to the Secretary of Veterans Affairs, who will announce his decision in October 2003.

Throughout the CARES process, veterans, VA employees, unions, veterans service organizations, academic affiliates and elected officials will be involved through briefings and solicitation of comments. To provide input or obtain more information about the CARES planning process for the VA Capitol Health Care Network, please contact the VISN 5 CARES Hotline at 1-800-463-6295, ext. 7384 or send an e-mail

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FROM THE DESK OF DR. NOCKS

Having just completed the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 2002 Survey with splendid results, I am constantly reminded of the professional staff we are fortunate to have at each of our facilities and the fine care you provide on a daily basis to our patients. The VISN averages for JCAHO were as follows: Hospital Accreditation Program - 92 percent, Long Term Care - 95 percent, Behavioral Health - 98 percent, Home Health - 97 percent, and Opioid Treatment Program (Methadone) - 94 percent. These scores represent the fine work and preparation that has taken place over time, not just in the last few months, and for that I wish to thank one and all.

I am pleased with our accomplishments this past year, not only as they relate to JCAHO, but also our gains in our quality of patient care and our network performance measures. I realize that these could not have been accomplished without effective management at the medical centers, support from our network office staff and extraordinary dedication from all our employees. Our Network Executive Leadership Council meetings with medical center management and Network office staff have been an efficient and effective means of sharing information and providing feedback and direction, and I am grateful for everyone's support.

Let's take a look at our performance measures:

Domain of Quality

1. **Preventive Care** - We were fully successful in Primary Care and exceptional in Mental Health; Geriatrics/Extended Care and Spinal Cord Injury/Disorder were not met due to difficulty with immunization rates.
2. **Network-wide Clinical Practice Guidelines** - We were fully successful (Quadrant II) in Diabetes Mellitus and Tobacco Use Cessation, and exceptional (Quadrant I) in Major Depressive Disorder and Cardiac Care.
3. **Computerized Record** - We were the benchmark in VHA for CPRS with 96 percent of pharmacy orders entered electronically.
4. **Patient Safety** - We were one of the first Networks to have completed our Healthcare Failure Modes and Effects Analysis on Bar Code Medication Administration, and our contingency plan to the National Center for Patient Safety was accepted and acknowledged as a model for the system.

Domain of Functional Status

5. **Homeless** - We were exceptional (85 percent) for this measure. VISN 5 has been nationally recognized as one of the most effective Networks in homeless outreach.
6. **Substance Abuse** - By September 30, 2002, specialized Substance Abuse Programs were to have trained staff in Cognitive Behavior Therapy and Motivational Interviewing as per VHA/DoD Guidelines for the Management of Substance Abuse. We were exceptional (90 percent).
7. **Mental Health Intensive Case Management (MHICM)** - By 3rd Qtr., FY '02, there was to be an increase in the percentage of high-risk patients screened for VHA approved MHICM. We did not meet this measure, but have a plan in place to improve.

Domain of Satisfaction

8. **Employer of Choice**

   Continuing Employee Education - We were exceptional in both parts of this measure (83 percent - 40 hours of training/education for all employees, and 87 percent - 20 hours directly related to patient safety for frontline providers).

   Employee Satisfaction Survey Evaluation - We have evaluated the results of the survey and submitted our action plan.

Domain of Access

9. **Capacity for Special Population** (number of patients seen) - We exceeded Seriously Mentally Ill (SMI)-Total, SMI-Homeless, and SMI-PTSD; we were fully successful in Blind; Spinal Cord Injury (SCI) and SMI-Substance Abuse were not met. To enhance our efforts to increase substance abuse workload, we implemented a "same day service rule," meaning that patients in need of substance abuse evaluation and/or treatment can be seen, evaluated and begin treatment the same day. We have also worked hard to increase enrollment of the homeless and those with substance abuse disorders. At one site we have initiated a prison pre-release program to identify veterans with substance abuse disorders. We received substance abuse expansion funding support for a Methadone Clinic, and we have added mental health staff to the Community Based Outpatient Clinics (CBOC) to support veterans with substance abuse disorders. We also introduced screening tools at the CBOCs to identify patients with substance abuse and other mental health disorders. We just missed the SCI measure - the goal was 46, and we saw 44 patients.
10. **Mental Health Services in CBOCs** - We were fully successful in this measure, have an approved plan, offer Mental Health Services in all CBOCs and have significantly improved.
11. **Opioid Replacement** - We met all our milestones.
12. **Waiting Times - Clinic** - We were at the exceptional level in September with 20.4 days for Primary Care; 13.6 days for Audiology; 13.7 days for Cardiology; 20 days for Eye Care; 20.3 days for Orthopedics; and 17 days for Urology. These were among the shortest wait times in the system.
13. **Waiting Times - Provider** - While we didn't meet this measure (67 percent), we have taken several

steps to make improvements in this area, such as posting signs in our waiting rooms asking veterans to notify the clerk if they have been waiting longer than 20 minutes for their appointment.

Domain of Cost

14. **Billing/Revenue** - This Fiscal Year, we led the country in terms of collections as a percentage of goal at 122.76 percent. For 4th quarter accounts receivable less than 90 days, we were at 57.3 percent, but for the month of September we were at 85.5 percent, and feel we have resolved prior problems. We have entered into a collections contract and a concerted effort to catch up on back billing has been underway.

Domain of Building Healthy Communities

15. **Research Investigator Satisfaction** - Our Clinical Services Manager had positive discussions with each of our research centers discussing the budget process and their concerns.

While we will strive to improve our Performance Measures for FY '03, it is quite satisfying to know that we continued to be one of the top Networks in the nation this past year, due to the commitment made by our staff.

I am also proud of our successes in several other areas. We have continued to offer meaningful self-development HPDM programs. In FY '02, approximately 110 Level 1 employees completed either the Distance Learning Seminar or the One-Day Workshop with Follow-Up Mentoring. We have also completed our Supervisory Development Program - the last group of current supervisors began their three-day program with six months of mentoring this past September. During FY'02, 329 supervisors received training, bringing our total to 623 (almost all of our supervisors). In addition, the learning map with an experiential component has been completed by 4,899 employees (88 percent), and is now given as part of new employee orientation. We recently rolled out two new HPDM programs dealing with succession planning and career development. Regarding the Secretary's socio-economic goals, we have exceeded them for Small Business, Small Disadvantaged Business, Women-Owned Small Business, Veteran-Owned Small Business and Hubzone. Also, the Fort Howard Mission Change has been completed and all inpatient programs have successfully been moved to other parts of the VA Maryland Health Care System. Outpatient treatment is continuing at the campus, and we are working on the enhanced use portion of the overall plan.

Thank you again for all of your support this past year. We could not have done this well without great employees, and I am looking forward to another successful year in 2003!

Sincerely,
James J. Nocks, MD, MSHA
Director, VA Capitol Health Care Network

Survey of Healthcare Experiences of Patients (SHEP) – Scores for 2002

In 2002, the Survey of Healthcare Experiences of Patients (SHEP) was initiated throughout the Department of Veterans Affairs to unite the collection of patient satisfaction, functional status and healthy behavior data into one survey. With the SHEP survey process, both the number of eligible patients surveyed and the scope of the questions asked were expanded. Previously, patient surveys such as the Ambulatory Care Survey (ACS) focused on the patients' perception of the quality of care they received in a VA facility. Beginning with the SHEP survey, the focus expanded to also include the assessment of functional status and healthy behaviors, as well as medical care received outside the Department of Veterans Affairs.

The VA Capitol Health Care Network made significant improvements in several areas between the 2001 ACS and the 2002 SHEP. Although these positive results may be valid, the many changes in sampling protocol and instrument formatting may provide an alternative explanation for the improved scores. In other words, these changes are likely attributable to both real changes in scores and the new SHEP survey process.

Major SHEP Findings for VISN 5:

Pharmacy Services - As first reported in the 2001 ACS results and continuing with SHEP, those patients who received prescriptions by mail were significantly more satisfied than those who had their prescriptions filled in-person at a VA facility.

Overall Quality - It appears that Overall Quality has improved dramatically since 2001.

Courtesy - Notable improvement between SHEP and the 2001 ACS occurred in Courtesy. While the magnitude of this less than two-point change in Courtesy is not striking when compared to those of Pharmacy Services or Overall Quality, the fact that it occurred when Courtesy was already in excess of 90 percent is remarkable.

Provider Wait Times - The focus that VHA has placed on Provider Wait Times may be responsible for a four-point improvement. As a result, more than two-thirds of patients now wait 20 minutes or less to see their provider.

Other Scores - The SHEP data suggests that progress was also made in Emotional Support, Overall Coordination and Specialist Care. While the magnitude of these changes may be smaller than the other changes, the positive direction of these changes is encouraging. The only statistically significant decline is in Continuity of Care.

Mobile Clinics Discontinued

After a thorough review process by the VA Capitol Health Care Network (VISN 5), the decision was made this past fall to discontinue the two mobile clinics operated by VISN 5. One of the mobile clinics was utilized by the VA Maryland Health Care System and the other was shared between the VA Medical Centers in Washington, DC, and Martinsburg, WV. The mobile clinics were utilized to help increase veteran enrollment throughout the Network, in addition to offering VA health care services and screenings to veterans in rural areas.

During the review process, it was determined that space limitations, travel requirements, lack of consistent computer access, repair and maintenance downtimes and high operating costs associated with the number of veterans treated were limiting the effectiveness of the mobile clinics. Since the mobile clinics were first introduced, several new community based outpatient clinics have been opened throughout the VA Capitol Health Care Network to better serve veterans in rural areas and in locations far from existing VA medical centers. The opening of these new outpatient clinics, in addition to the findings of the review process, indicated that the mobile clinics were no longer necessary and that the resources expended on their care and maintenance could be redirected throughout VISN 5 to support other veteran programs and services.

Throughout the review process of the mobile clinics, the VA Capitol Health Care Network worked with all concerned stakeholders to keep them informed of the outcomes and to involve them in any follow-up action plans.

VA: Benchmark in Quality

Quality improvements in clinical disciplines and in ambulatory, hospital and long-term care have made VA the "benchmark in quality" according to the Institute of Medicine (IOM). In its report, Leadership by Example, IOM analyzed quality enhancement processes in six government programs, including VA, Medicare, Medicaid, the State Children's Health Insurance program, the Department of Defense TRICARE and TRICARE for Life programs and the Indian Health Services program. According to the report, "VA's integrated health care information systems, including its framework for using performance measures to improve quality, is considered one of the best in the nation."

VA initiatives to improve the quality of health care range from a National Surgical Quality Improvement Program (NSQIP) to the electronic medical record system and Bar Code Medication Administration (BCMA). IOM lauded the success of these progressive initiatives.

NSQIP has had a significant impact on outcomes of major surgeries. From 1991, when NSQIP data were first collected to 2000, 30-day post-operative deaths decreased by 27 percent. The BCMA program has significantly reduced medication error. The American Pharmaceutical Association Foundation recently recognized BCMA with its 2002 Pinnacle Award.

Additionally, VA's National Center for Patient Safety received the John E. Eisenberg Award in Patient Safety for System Innovation. The Eisenberg awards are given by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the National Forum for Healthcare Quality and Reporting. VA's patient safety programs combine voluntary and mandatory reporting systems, root cause analysis and corrective actions. They have been adopted in Australia, Japan and Denmark.

These quality improvement programs position VA as a national leader in health care and advance VA's mission to be the health care provider of choice for America's veterans.

Understanding Priority Access

Long wait times for initial visits to clinics are a thing of the past for severely disabled veterans. These vets now benefit from Priority Access to health care under a VA regulation implemented October 2002. Veterans with service-connected disabilities rated 50 percent or greater can now be first in line for both inpatient and outpatient care. The Priority Access program insures that new enrollees within this category will be seen for *initial primary care clinic appointments* within the VA's performance standard of 30 days.

What led to this significant change in access? The answer is a dramatic increase in the number of veterans VA serves. Priority Access is an equitable method of dealing with the burgeoning numbers of veterans coming through the doors of VA medical centers and outpatient clinics. With priority access in place, the most severely disabled veterans will be taken care of in a timely way. In cases where immediate medical attention is needed, all veterans will be seen without delay.

VA continues to aggressively streamline operations to address lengthy wait times. Priority Access is service for the neediest but, eventually, all service-connected veterans will be included in the Priority Access program. Priority Access is one of many significant improvements to patient care veterans have come to count on at VA.

VA NEWS

Secretary Principi Announces Changes in Enrollment

On January 17, 2003, Secretary of Veterans Affairs Anthony J. Principi announced his decision to suspend additional enrollments for veterans with the lowest statutory priority. The enrollment decision was made in order to ensure VA has the capacity to care for its core group of veterans – those with service-connected disabilities, the indigent and those with special health care needs like veterans who are blind or have spinal cord injuries. This category includes veterans who are not being compensated for a military-related disability and who have higher incomes.

The suspension of enrollment affects only veterans in Priority Group 8, the lowest group in VA's eight-level system for setting health care priorities, who have not enrolled in VA's health care system by January 17, 2003. Priority Group 8 veterans already enrolled will be "grandfathered" and allowed to continue in VA's health care system.

Work is underway with the Department of Health and Human Services (HHS) to determine how to give Priority Group 8 veterans aged 65 or older who cannot enroll in VA's health care system access to the "VA+Choice Medicare" plan. The plan calls for VA to participate as a Medicare+ Choice provider. Eligible veterans would be able to use their Medicare benefits to obtain care from VA. In return, VA would receive payments from a private health plan contracting with Medicare that would cover costs. The "VA+ Choice Medicare" plan would become effective later this year as details are finalized between VA and the Department of Health and Human Services.

"HHS is happy to join the Department of Veterans Affairs in developing this new option for veterans who might otherwise be unable to obtain health care through the VA," said HHS Secretary Tommy G. Thompson. "This is a creative marriage of our federal health programs to serve our veterans efficiently and effectively."

VA has been unable to provide all enrolled veterans with timely access to health care services because of the tremendous growth in the number of veterans seeking VA health care. More than half of all new enrollees have been in Priority Group 8. This demand for VA health care is expected to continue in the future. Between October 2001 and September 2002, VA enrolled 830,000 additional veterans. Since 1996, VA enrollment has increased from 2.9 million to 6.8 million today. Non-service disabled, higher income veterans accounted for the majority of the rapid enrollment growth, hindering the ability of VA to care for the service-disabled, the indigent and those with special needs. Even with the suspension of new enrollments for Priority Group 8 veterans, another 380,000 veterans in Priority Groups 1 through 7 are projected to enroll by the end of FY 2003.

"Last year, VA treated 1.4 million more veterans with 20,000 fewer employees than in 1996," said Principi. "Nonetheless, VA leads the nation in many important areas like patient safety, computerized patient records, telemedicine, rehabilitation and research. I not only want to see this standard continue, I intend to see it get even better."

VA MARYLAND HEALTH CARE SYSTEM HAPPENINGS

VAMHCS Awarded MS Center of Excellence

Responding to a growing demand for specialized care for patients with Multiple Sclerosis (MS), the VA Maryland Health Care System (VAMHCS) has been awarded a $4 million grant to establish a national coordinating center for MS care. The VA Capitol Health Care Network (VISN 5) Multiple Sclerosis Center of Excellence will facilitate clinical care, research and education for MS patients in the Eastern U.S., and, as a primary coordinating center, will solicit the support of ten other MS centers in other VA networks. A second MS coordinating center is being implemented in the northwestern United States jointly at the Portland and Seattle VA Medical Centers.

MS is a chronic, unpredictable neurological disease that affects the central nervous system. There is no cure for MS yet, although drugs can help slow the course of the disease or symptoms in some patients. The symptoms of MS are highly variable, depending on the areas of the central nervous system that have been affected. Initial symptoms of MS often include difficulty in walking, abnormal sensations such as numbness and pain, and visual problems due to optic neuritis, an inflammation of the optic nerve.

"VA has excellent resources that should be tapped to improve care, find effective treatments and pursue a cure for this chronic disease of the brain and spinal cord," said Secretary of Veterans Affairs Anthony J. Principi. "With MS affecting 350,000 Americans, 22,000 of whom are veterans enrolled for VA care, the department can make a difference by providing $8 million for these centers over the next four years."

The MS Center will facilitate clinical care for MS patients, a growing population that is placing increasing demands on VA medical facilities. Chronically disabled, non-ambulatory MS patients receive treatment within the VA medical system, however, with treatment options expanding and becoming increasingly costly in the private sector, younger, less disabled patients are coming to the VA, seeking alternative treatments to care.

"The MS Center will enable us to coordinate the activities of existing programs for MS patients under one umbrella, and to take advantage of the VA network in order to expand access to care and make sure that patients throughout the system are

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VAMHCS Awarded MS Center of Excellence

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receiving consistent and appropriate levels of treatment," says Dr. Christopher T. Bever, Director of the Baltimore VA MS Center.

In the area of research, the center will establish a research network to stimulate interest in basic, clinical, rehabilitation and health services research to promote improvements in the diagnosis and treatment of MS. A longitudinal study is being developed, which will follow a group of MS patients over time, with an eye toward researching and developing newer ways of treatment, including improved imaging procedures and MRI scanning. Capitalizing on advancements in health informatics and using VA's completely inclusive computerized patient record system (CPRS), the MS Center will also serve as a clearinghouse for educational programs and materials for providers, patients and their families.

In addition, the new MS Center will take advantage of advances in telemedicine and Internet-based communications in order to provide access to all veterans seeking specialty care, and to assist VA providers in the care of MS patients. Telemedicine will facilitate connection among various hub sites to promote educational activities and help coordinate research studies that involve multiple centers. Bioinformatics will help to streamline data input related to patient records, educational materials and research templates, all within the same database. "Bioinformatics and telemedicine are very exciting areas, not only as they relate to patient care, but also to the research and educational aspects of this new center," says Dr. Bever.

The MS Center of Excellence is the newest addition to a growing network of specialty clinical centers at the VA Maryland Health Care System. The Baltimore Geriatric Research, Education and Clinical Center (GRECC) is one of 21 centers nationwide that serve as a resource for research, clinical and educational activities related to risk factor reduction in elderly patients with cardiovascular disease. The Mental Illness Research Education Clinical Center (MIRECC) at the Baltimore VA Medical Center aims to improve health care for VA patients with mental illness through similar efforts.

16-Channel CT Scanner Adds New Dimension to Radiology Program

▲ Dr. Eliot Siegel, Chief of Imaging Service for the VA Maryland Health Care System, proudly demonstrates the capabilities of Baltimore's new 16-channel CT scanner.

In January 1993, when the Baltimore VA Medical Center opened, it debuted the world's first ever all-digital imaging department and gave life to a pioneering concept in radiology known as the picture archiving and communications system (PACS). Lauded for its speed, efficiency and ability to improve image availability without compromising quality, filmless or all-digital, radiology at the Baltimore VA Medical Center has served as a model for VA facilities and other hospitals around the country. Now ten years later in its latest effort to enhance clinical technology and to better serve VA patients, the VA Maryland Health Care System recently acquired a new, state-of-the-art Siemens 16-detector CT scanner. One of the first hospitals in Maryland and the nation to use this new technology, the Baltimore VA Medical Center is once again paving the way for improved patient care by introducing computer imaging technology that provides radiologists and clinicians with patient data that was previously unavailable.

"Instead of viewing static, relatively thick, cross sectional images, the new generation of ultrafast CT scanners make it possible to obtain and display images of the body interactively, allowing us to take advantage of 21st Century 3D technology to become interactive explorers of the human body," says Dr. Eliot Siegel, Chief of Imaging Service for VAMHCS.

The 16-detector scanner makes it possible to obtain isotropic (ultra-thin section) scans of an unlimited portion of the patient's body. A state-of-the-art supercomputer in the department makes these 0.75 millimeter scans available to radiologists and physicians throughout the medical center as interactive multi-planar and three-dimensional images over a secure, high speed network.

"CT technology has been progressing for years," explains Dr. Siegel. "Scanners are now faster and can cover larger areas of the body and also allow us to capture thinner slices of the body in greater detail. This technology has moved us toward the new era of volumetric imaging; once that volume of data is in the computer memory, it opens up a whole era in imaging."

The new CT scanner, which has been in use at the Baltimore VA Medical Center since October 2002, is also extremely fast, capable of scanning a chest in under ten seconds, and an entire body in 20 to 25 seconds. With cross-sectional imaging data at their fingertips, radiologists not only have limitless access to patient information, but also the ability to perform safer, more accurate, and less invasive procedures such as virtual colonoscopy and gastroscopy and other diagnostic studies that can substitute for more invasive procedures. Doctors are hopeful that groundbreaking applications, such as the replacement of conventional coronary angiography with CT coronary angiography, will ultimately be attainable through the use of this technology. If so, these types of clinical advancements hold great potential for improved patient safety and care.

"Every patient who undergoes a CT here at the Baltimore VA Medical Center is already benefiting from this new technology," explains Dr. Siegel. "In terms of its possibilities, I think we're just beginning to scratch the surface."

War Related Illness and Injury Study Center Opens At Washington

▼ Dr. Han K. Kang, Director of the War Related Illness and Injury Study Center (WRIISC), leads an open house at the Washington DC VA Medical Center about the role of WRIISC in VA health care.

For many of America's combat veterans, war did not end when they returned home. The battleground changes, the enemy has a different name, but the conflict continues. Physical and mental illnesses are lifelong struggles for these veterans. Many suffer from mystery diseases, ailments that to this day are difficult to diagnose and treat. With the opening of the War Related Illness and Injury Study Center (WRIISC) at the Washington DC Veterans Affairs Medical Center (DCVAMC), these combat veterans have a resource for help and hope.

VA identified the need for specialized health services from its experience treating Vietnam and Gulf War veterans. In May 2001, Secretary Anthony J. Principi approved the selection and funding of two new centers dedicated to the study and treatment of war related illnesses and injuries among combat veterans. An extensive, competitive and scientifically rigorous peer review process was set in motion. Two VA medical centers were selected as the nation's sites for WRIISC offices: Washington, DC and East Orange, New Jersey.

On December 6, 2002, the WRIISC team, led by Dr. Han K. Kang, held an Open House at the DCVAMC. Guest speakers included: Ms. Laura Miller, Deputy Under Secretary for Health for Operations and Management, VHA, Dr. Frances Miller, Deputy Under Secretary for Health Policy Coordination, VHA, Dr. Linda Schwartz, Chair, VA Advisory Committee on Women Veterans, and Mr. Sanford M. Garfunkel, Medical Center Director. Over 100 people attended the event to learn about the role of WRIISC in VA health care. The WRIISC provides services to combat veterans and health care professionals through clinical care, education, risk communication and research addressing the health consequences of duty in a theater of combat.

The WRIISC has an outstanding staff of physicians, nurses, educators and researchers and is affiliated with Walter Reed Army Medical Center, the Army Center for Health Promotion and Preventive Medicine, the Uniformed Services University of Health Sciences, Johns Hopkins University and Georgetown University.

For further information, visit the WRIISC website at www.va.gov/WRIISC-DC/ or call 1-800-722-8340.

One Specialty Clinic's Success Story

Is it possible to reduce a clinic's wait time from three months to three weeks, double the number of patients seen per clinic, reduce the "no show" rate by 200 percent and improve delivery time on custom ordered equipment? The answer is a resounding yes!

This is the true outcome of efforts by the DCVAMC staff to improve service and patient satisfaction in the Wheelchair/Seating Clinic. This twice-monthly clinic serves patients in need of motorized scooters and wheelchairs. Through a combination of improved procedures and new initiatives, the clinic has entirely turned around.
Here's how it happened -

1. **Appointment letters:** Appointment letters were completely revised. Letters now include all of the information patients need to know to prepare for their appointments, such as guidelines for arranging transportation. This crucial information significantly reduced "no shows" caused by transportation issues. The letters urge patients to contact clinic staff if the appointment cannot be kept and give the name and direct phone line of the person who can reschedule the appointment.
2. **Reminder calls:** The new DCVAMC Call Center is an important player in the success of this clinic. Clinics are held on Tuesdays. On the Thursday prior to the clinic, Call Center staff contact patients. They confirm that transportation has been arranged. If the patient cannot attend the clinic, Call Center staff reschedule the appointment and alert the Wheelchair/Seating Clinic staff. Clinic staff can now fill that appointment slot with another patient.
3. **Pre-screen needs:** Often patients who qualify for a motorized wheelchair do not have a living environment suitable for this type of chair. Clinic staff are very attentive to pre-screening patients before they come to the clinic. For patients who have never had a motorized wheelchair, a home assessment is completed prior to ordering equipment. When patients arrive at the clinic, all of the information the staff needs to order the right wheelchair is available. Equipment is now arriving within 30 days of the clinic visit.
4. **Extended hours:** Demand for this clinic is high. Two days a month for 1 to 1 1/2 hours was not adequate time. The clinic is now held for two to three hours each session to accommodate patient demand.
5. **Consult template:** Upon review of the patient referrals to the clinic it was determined that a significant number of consults did not meet criteria for motorized wheelchairs. To reduce these consults (and to reduce the disappointment patients suffer when their expectations are not met) a consult template is being designed. Patients will not be able to get appointments in the Wheelchair/Seating clinic without meeting the criteria on the template. Clinicians are aware that the template is being designed and a reduction in these consults has reportedly already occurred.

VA Takes Another Major Step in National CARES Planning Process

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to the VISN 5 CARES Help Desk at: **VISN5CARES HelpDesk@med.va.gov**. Please make sure to leave your name, phone number/address and your question/comment about the CARES planning process when contacting the VISN 5 CARES Hotline or HelpDesk. Additionally, the VISN 5 CARES Update will be published at least monthly and more often if needed to provide ongoing information to stakeholders throughout the VA Capitol Health Care Network regarding the CARES planning process. CARES information is also available on the VISN 5 Web site at: **http://www.va.gov/visn5/network/cares.htm**.

"Completing CARES is critical to VA's future," said Mackay. "With more than 4,700 buildings and 18,000 acres of land, repositioning VA's infrastructure to make sure it is most efficiently used is a monumental task. As VA enters the process of making choices in communities across the country, it is important to remember the broad outcomes it seeks - more effective use of VA resources to provide more care, to more veterans, in places where veterans need it the most."

MARTINSBURG VA MEDICAL CENTER HAPPENINGS

New MRI at Martinsburg

The Martinsburg VA Medical Center recently had a new, state-of-the-art Magnetic Resonance Imaging (MRI) installed. MRI is a sophisticated imaging technique to produce unparalleled, high quality images inside the human body. MRI is based on the principles of nuclear magnetic resonance, a spectroscopic technique used by scientists to obtain microscopic chemical and physical information about molecules. Martinsburg's MRI equipment is the Phillips Intera 1 Tesla Magnet, which is the largest selling magnet worldwide and provides state-of-the-art technology and techniques. The Phillips Intera is capable of neurological, orthopedic, cardiovascular, pediatric and whole body scanning. Because of the short bore magnet, the patient is not as confined in the long tunnel of some MRIs.

▲ Amy F. Duncan, Radiology Supervisor, sits in front of Martinsburg's new, state-of-the-art MRI.

Martinsburg Exceeds MCCR Collection Goals

The Martinsburg VA Medical Center exceeded the Fiscal Year 2002 collection goal of $6,799,984 by $1,452,102 and achieved a level of 51.85 percent of billable amounts collected due to the efforts of the Medical Care Cost Recovery (MCCR) staff. The Medical Care Collection Fund (MCCF) goal was established at the VISN level and is a critical part of the budget allocated to the medical center. VISN 5 was the first Network in the nation to meet and exceed its FY 2002 collection goal.

The MCCR Section at the Martinsburg VA Medical Center is organizationally aligned under the Business Programs and Operations Service and is responsible for the majority of the MCCF activity core functions. These functions include insurance identification, preregistration, insurance verification, utilization review (to include precertification, certification and continued stay reviews), outpatient coding, bill generation of all bill types, claims follow-up correspondence and inquiries, payment processing, Regional Counsel referrals and appeals.

The VISN 5 Consolidated Preregistration Unit and the Insurance Verification Unit are located at the Martinsburg VA Medical Center. The Preregistration Unit, implemented in October 1998, is responsible for conducting preregistration calls for all medical centers within VISN 5. The Insurance Verification Unit, implemented in July 2000, is responsible for insurance verification of new insurance cases identified by the Preregistration Unit for all medical centers within VISN 5. Martinsburg also has its own unique Coding/Billing Unit. The Medical Record Technicians in the Coding/Billing Unit are responsible for the coding, validating and billing of all outpatient MCCF cases.

The Fiscal Year 2003 MCCR collection goal for the Martinsburg VA Medical Center has been established at $10,765,046, and as of November 30, 2002, collections totaled $2,037,731.

Editorial Box

The *Capitol Connection* is published for the employees, volunteers, retirees and friends of the VA Capitol Health Care Network (VISN 5). To submit articles, editorials, letters or story ideas for possible inclusion in the *Capitol Connection*, please send them on Exchange Mail to "VISN5 Employee Newsletter" or contact the Newsletter Editor at (410) 605-7101. The Editorial Board reserves the right to make changes and/or edits to any submission chosen for publication.

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For Friends and Employees of the VA Capitol Health Care Network
VA Capitol Health Care Network VISN 5